

## Mitigation in the Iraqi Medical Discourse

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### **Abstract:**

In the setting of medical discourse, doctors tend to mitigate the force of their medical conversations by means of hedging devices in order to reduce the risk of opposition and minimize the force threatening acts that are involved in the making of conversations. This study explores the phenomenon of hedging in the medical discourse from gender- social relationship. To this end, conversations of doctors-patients in Iraqi Arabic were recorded and analyzed in terms of the frequency of occurrence and distribution of the various strategies and the linguistic devices associated with each strategy which performs a hedging function in the different structural units of the conversations. In addition, the study aims at highlighting how doctors in their conversations with patients shy away from committing to tell the truth by using certain strategies and finding out how the use of the hedging devices is linked to gender. The participants include 6 male doctors and 6 female doctors in two hospitals (Al-Mawani Teaching Hospital and Al-jomhouri Hospital) in Basra. The theoretical framework chosen is Hyland's (2004) model. The findings of the study show that female doctors use more hedging devices than male doctors and female patients talk and ask more than male patients do. Doctors, both males and females, are essentially caught between being truthful and hurtful or being kind and false. This suggests that the conversations in the field of medical discourse, as a whole, involve more protection of the speaker's face than other discourse contexts.

**Keywords: medical discourse, hedging devices, gender-social relationship, male and female doctors.**

التفادي في الخطاب الطبي العراقي

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**ملخص البحث:**

يميل الاطباء في سياق الخطاب الطبي الى تفادي الشدة في محادثاتهم الطبية عن طريق ادوات التحوط من أجل تقليل مخاطر المواجهة والتقليل من الشدة التي تهدد تلك الأفعال التي تتطوي عليها المحادثات. تستكشف هذه الدراسة ظاهرة التحوط في الخطاب الطبي المتمثل في العلاقة بين الجنسين. ولغرض الكشف عن هذه الظاهرة تم تسجيل محادثات الأطباء والمرضى باللغة العربية (اللهجة العراقية) وتحليلها من حيث تكرار حدوث وتوزيع الاستراتيجيات المختلفة والادوات اللغوية المرتبطة بكل ستراتيكية والتي تؤدي وظيفة التحوط في الوحدات البنيوية المختلفة للمحادثات. بالإضافة إلى ذلك ، تهدف الدراسة إلى تسليط الضوء على الكيفية التي يتفادى بها الأطباء في محادثاتهم مع المرضى بالنأي عن قول الحقيقة باستخدام ستراتيديات معينة ومعرفة كيفية ربط و استخدام ادوات التحوط المرتبطة بالجنس. ومن بين المشاركين ٦ أطباء و ٦ طبيبات في مستشفيات في البصرة ، حيث تم استخدام النموذج النظري لهيلا ند (٢٠٠٤) لتحليل نتائج هذه الدراسة. وتظهر نتائج هذه الدراسة أن الطبيبات يستخدمن ادوات تحوط أكثر من الأطباء الذكور ، كما ان المرضى الاناث يتحدثن ويسالن اكثر من المرضى الذكور. كما تبين الدراسة ان الأطباء ، ذكوراً وإناثاً ، عالقون أساساً بين قول الحقيقة او بالنأي بنفسهم عنها لغرض تفادي المواجهة مع المرضى. تشير هذه النتائج إلى أن المحادثات في مجال الخطاب الطبي تتطوي على حماية أكبر لحفظ ماء وجهه المتحدث أكثر من سياقات الخطاب الأخرى.

**الكلمات المفتاحية:** الخطاب الطبي ، ادوات التحوط ، العلاقة بين الجنسين ، أطباء و طبيبات .

## 1. Introduction

Because medical discourse deals with topics that affect our daily lives, it presents intriguing and pertinent instances of hedging in scientific discourse. Hedging is a useful tool for conveying ambiguity, open-mindedness and skepticism about one's arguments from a pragmatic standpoint (Hyland, 1994), (Hyland, 1998).

Hedges are important in medical discourse because they allow interlocutors to make assertions with enough precision, caution, and humility, expressing possibility rather than certainty and prudence rather than overconfidence (Hyland, 1994). Hedges is one of those difficult-to-define categories; it expresses ambiguity and potential, and it is crucial to writing and speaking, since claims are rarely produced without subjective judgments of their trustworthiness and the necessity to explain unproven propositions with caution and accuracy (Hyland, 1994).

Many studies, such as Salager-Mayer (1994),(1998), Skelton (1997), Adams Smith (1984), and Hyland (1988),( 1994), (1996), (1998), (2000),(2005), have demonstrated the value of hedging in medical discourse. Hedging as a language strategy has a long history, dating back to the early 1970s, when Lakoff (1975) released his article on hedges. Hedging has come a long way from its origins in the early 1970s, especially since it was adopted by pragmaticists and discourse analysts, who saw hedges as modifiers of the speaker's commitment to the truth-value of a full argument. Hedges, according to Hyland (1996, p.15), are elements that provide a lack of full commitment to the propositional substance of an utterance. In other words, he believes that hedging devices are employed to show a lack of complete commitment to the proposition's truth, and that desire does not unequivocally communicate such commitment.

According to Hyland (1998, p.5), hedges can be defined as “the means by which writers can present a proposition as an opinion rather than a fact. Items are only hedges in their epistemic sense, and only when they mark uncertainty.” Psychologically speaking, Pyle (1975, p.2) thinks that hedging can be described as a conflict inside the speaker or the writer who struggles between two forces: (1) the desire of saying the truth (2) the intention of avoiding doing that.

Hedging devices are used in medical discourse to achieve a range of goals. Mitigating, offering some degree of self-protection, avoiding confrontation, avoiding accountability for a fact or an act, seeming modest concealing the truth, being apologetic, and appearing less strong are some of these tasks (Clemen, 1997, pp. 236-243). Hedging, according to Bruce (2010, p.201), is a form of self-protection in which the speaker or writer avoids making a full commitment. He (Bruce, 2010, p.201) says that:

Hedging is a rhetorical strategy. By including a particular term, choosing a particular structure or imposing a specific prosodic form on the utterance, the speaker signals a lack of a full commitment either to the full category membership of a term or expression in the utterance (content or mitigation), or to the intended illocutionary force of the utterance (force mitigation).

Hedging, according to Markkanen and Schroder (1997, pp. 3–4), contains language expressions that render communications uncertain. In other words, these communications transmit inexactitude or, in some manner, temper or reduce the strength of the speakers' arguments. Salager-Meyer (1994, p.151) considers hedges as “ways of being more precise in reporting results”. Furthermore, she believes that academics may opt to be ambiguous in their claims in order to demonstrate their audience that they do not have the ultimate say on the subject, showing typical elements of their medical discourse by utilizing terminology like ambiguity, skepticism, and doubt in their dialogues. Hedges can thus increase the trustworthiness of a statement in medical dialogues due to their mitigating and evasive effect. According to Bruce (2010, p.201):

Hedges are used by speakers to reduce the illocutionary force of their words, especially those that could lead to negativity and hence a face-threatening act. A hedge is a mechanism that is used to soften the impact of a statement. They are usually adjectives or adverbs, but they can also be clauses. It could be construed as a euphemism.

Hedges may be used purposefully or accidentally in both spoken and written language, based on the aforementioned definitions and explanations, because they are so vital in communication. Hedges aid speakers and writers in communicating with greater precision in terms of correctness and truth evaluation. Hedges can also suggest that the speaker wants to move on to a new topic or end the current one. When people are having a discussion, it appears that they are not just conveying information, but also verifying how informative, truthful, relevant, and perceptive that information is (Markkanen & Schroder, 2000).

In the context of politeness techniques, Brown and Levinson (1987, p.145) see hedges as a face-saving strategy or a statement of negative politeness. Hedges, according to them, are "a particle, word or phrase that modifies the degree of membership of a predicate or a noun phrase in a set; it says of that membership that it is partial or true only in certain respects, or that it is more true and complete than perhaps might be expected" (Brown & Levinson, 1987, p.145). Furthermore, (Brown & Levinson, 1987, p.147) extend hedges to include negative politeness, which is intended to prevent putting participants' faces in danger. Fraser (1974), on the other hand, deals with modal verbs from the perspective of pragmatics. Fraser (1974) looked at how modals and semi-modals affected the illocutionary act expressed by a performative verb in performative sentences. "I must counsel you to keep silent," for instance, in which case the modal must relieve the speaker of some responsibility.

Instead of hedges, Fraser (1974) called the modals hedged performatives. Later, Fraser Fraser (1980) goes on to discuss the hedge in terms of its role in mitigation and civility, and then Fraser (1990) considers the hedge as a discourse marker. In the 1980s, empirical analysis based on contrastive and cross-cultural approaches received increased attention. Hedges, for example, were categorized as a subclass of downgraders by House and Kasper (1981), implying a tighter definition. Hedges have been examined by House and Kasper (1981) and Blum-Kulka and Olstein (1985) as a technique of changing specific sorts of speech acts such as requests and apologies.

Others have attempted to subcategorize hedges; for example, Prince (1982, p. 85) distinguish between two types of hedges from the standpoint of discourse analysis: "approximators" (e.g., "His feet were sort of blue.") that affect the truth conditions of propositions, and "shields" (e.g., "I believe his feet were blue.") that do not affect the truth conditions but reflect the speaker's commitment to the truth value. Rounds (1982) added the concept of diffusers to these subcategories, which tend to scatter or shut off a source of dispute or conflict. Hubler (1983) distinguished hedges and understatements. According to him, hedges refer to the speaker's attitude toward the listener towards the idea (e.g., "It is cold in Alaska, I suppose."). On the other hand, understatements are concerned with the sentence's propositional substance, overstatements are concerned with the sentence's grammatical content (e.g., "It is a bit cold in here."). Hubler (1983) points out that the idea of hedging is not only manifested in single words, but also in connected stretches of speech. For Swales (1990), Hedges are rhetorical devices that can be utilized in a variety of situations for "projecting honesty, modesty and proper caution in self-reports and for diplomatically creating space in areas heavily populated by other researchers."

As summarized by Clemen (1997, p.235), speakers/writers use lexical and/or syntactic devices such as modal auxiliaries (e.g., can/could; may/might; shall/should; will/would; must/ought to, etc. ), hedged performatives (e.g., have to admit; wish to invite; can promise, etc. ), impersonal structures (one suggests), conditionals (if this were... one would...) to mitigate. Bloor & Bloor (2007, pp.103-104) highlight the same notion when they say that hedging involves strategic instruments like approximators: roughly, approximately, sort of, more or less, about; and also modality: may, might, could, should, possibly, probably. Another form of hedging exploits projecting verbs like think, believe and suppose. A hedge, according to Schroder and Zimmer (1997), is either one or more lexico-syntactical elements used to change a proposition, or a method used to modify a proposition.

Textual strategies including linguistic means are referred to as hedges in a specific context and for communicative reasons, such as "politeness", are used (e.g., Blum-Kulka, 1985; Brown and Levinson, 1978; House and Kasper, 1981; Matsumoto, 1988; H.Sohn, 1996 and Holmes, 1996), vagueness (e.g., Gruber, 1993), "mitigation" (e.g., Gruber, 1993), and others (e.g., Fraser, 1980). Skelton (1997) goes on to say that the term "hedge" should be used "very narrowly" and only for mitigations of responsibility and/or certainty to the truth of a proposition".



Hedging is the way people convey their uncertainty about something uncertain in simple terms, and "hedges" are words or phrases that carry the speaker's uncertainty (Aitchison, 2012, pp.60-64). One reason speakers don't demonstrate confidence in what they say is because they only wish to mention the criteria or types of criteria that are essential to them at the time (Schmidt, 1974, p. 622). Particles, words, or phrases can be used as hedges that change other particles, words, or phrases, according to more technical definitions. "the degree of membership of a predicate or noun phrase in a set" (Brown and Levinson, 1987, p.145). This membership demonstrates that "it is partial, or true only in certain respects, or that it is more true and complete than perhaps might be expected." This is illustrated by the utilization of "kind of", "sort of", "I think", "I guess" and so forth (Brown and Levinson, 1987, p.145).

Hedges are classified as "qualifiers" by Pappas (1989, p.94), which can be considered as signs of the speaker's commitment to a statement and the level of approximation. Hedges are qualifiers that imply approximation or uncertainty of the primary statements, such as "probably," "partially," or "a tendency to," whereas "intensifiers" imply the speaker's confidence in the argument, such as "always," "never," or "obviously". According to Clemen (1997, p.243), "Epistemic qualifiers, specific personal pronouns, indirect constructions, parenthetical constructions, subjunctive conditional, concessive conjuncts, and negation are among the most common hedging strategies". Hyland (1994, p.240) has "if" clause, questions, and dates. Many authors have classed the usage of passive, agentless, and impersonal constructions as a hedging device (Markanen and Schroder, 1997; Salager-meyer, 1998; Clemen, 1997).

People will presume that women employ hedges in greater numbers than men, according to Erickson et al., (1978). Hedges are regarded as "powerless" language and imply uncertainty, according to Erickson et al., (1978). Hedges, according to Lakoff (1975), are one of the characteristics of female communication behavior. According to a research by Buikema and Roeters (1982), women utilize politeness techniques, such as hedges, more often than males in male-female conversations in order to reduce the number of behaviors that endanger one's face. Coates (1998) further confirms that ladies are conversing amongst themselves. Hedges are regularly functionalized to accommodate all participants' facial needs.

Wright and Hosman's (1983) work on legal communication, on the other hand, highlights the problematic condition of female witnesses who employ hedges. They discovered that witnesses who used hedges in their testimony were seen as less attractive than those who did not. Female witnesses who used a greater number of hedges were seen to be less credible than male witnesses in the same category. In the context of patient-physician communication, Pappas (1989) describes an unusual circumstance in which the professional utilized qualifiers more frequently than the patients. It could be because a diagnosis is, to some extent, speculative. Furthermore,

when discussing amongst themselves, doctors construct more than one hedge every fifteen seconds, according to Prince (1982).

Hedges appear more frequently in oral conversation than in written speech when it comes to the use of hedges in spoken and written language. Academic lectures, according to Chafe and Danielwics (1987), contain a limited vocabulary, hedge frequently, and are referentially inexplicit. Furthermore, Hedged forms were more common in oral language, according to Drechsel (1989), but modals and hedges were evenly distributed in written language.

In this paper, we use Hyland's (2005:37) and Hyland and Tse's (2010:127) metadiscourse models, which are divided into two categories: interactive and interactional markers. Interactional markers are divided into hedges. Hyland's taxonomy of hedges was used in the study of our paper. The following are some of Hyland's hedging items:

*About, almost, apparent, apparently, appear, appeared, appears, approximately, argue, argued, argues, around, assume, assumed, broadly, certain amount, certain extent, certain, level, claim, claimed, could, couldn't doubt, doubtful, essentially, estimate, estimated, fairly, feels, frequently, from my perspective, from our perspective, from this perspective, generally, guess, indicate, indicated, indicates, in general, in most cases, in most instances, in my opinion, in my view, in this view, in our view, largely, likely, mainly, may, maybe, mostly, often, on the whole, ought, perhaps, plausibly, possible, possibly, postulate, postulated, postulates, presumably, probable, probably, quite, rather x, relatively, roughly, seems, should, sometimes, somewhat, suggest, suggested, suggests, suppose, supposed, supposes, suspect, tend to, tended to, tends to, to my knowledge, typical, typically, uncertain, uncertainly, unclear, unclearly, unlikely, usually, would wouldn't.*

This study is conducted within the domain of medical discourse analysis. It aims at dealing with the hedging devices that show the mitigation and indetermination in the Iraqi medical discourse particularly after American's occupation from 2003 up and the negative situation resulted from this occupation on the medical sector. No doubt, after Iraq occupation, the connection between security and health was clear. Most of Iraqi doctors faced knotty problems because of mis-security which, in turn, has led to kidnapping and killing many doctors particularly by ignorant persons who thought that doctors were responsible for patients' death. Those persons thought that doctors did not give the exact diagnosing or they failed to save the patients' life after the operation (Dye & Bishai, 2007, p. 5). Iraqi doctors, both females and males, have learned to function in a very primitive medical setting (Dye & Bishai, 2007). As a result, Iraqi female and male doctors try to be very careful in their conversations with patients by using a lot of hedging devices to protect themselves. Thus; the study tries to limit the relationship between Iraqi doctors-patients in the light of conversations at the diagnosing setting.

### **1.1. The Problem of the Study**

A conversation between the doctor and the patient is hindered because of the hedging devices used by the doctor to fight shy of ratifying the truth embedded within their conversation. The addresser shies away from committing to tell the truth of the position and showing that he\she has an intrinsic desire to avoid definitely expressing one's commitment.

### **1.2. The Aim of the Study**

This study aims at analyzing a conversation between the Iraq doctors and the patients so as to determine the hedges devices occurring within this speech setting, as well as to ascertain whether the use of these hedges is linked to the gender of the interlocutors in the medical setting or not.

Conversations between the Iraqi doctors and patients were recorded and then analyzed. These conversations consist of two parts. The first part is between female doctors and female patients; the second one is between male doctors and male patients so that we can determine how hedges are manipulated between the two and to find out how the use of the hedging devices is linked to gender.

## **2. Research Questions**

More specifically, this paper delves into the following research questions:

1. Why do Iraqi doctors, both male and female, use hedging devices in their conversations with patients particularly after 2003?
2. How do Iraqi doctors hedge their propositions in the conversations with patients?
3. Are there any differences between male and female doctors in the medical discourse in their use of hedging devices in their conversations with patients?
4. Why and to what extent do female doctors use hedging devices more than male doctors?

This study aims at identifying the hedging devices used in conversations between Iraqi doctors and patients and to examine the density of both lexical and syntactic hedging devices used in these conversations, and to delineate the pragmatic functions that can be conveyed by such devices. Because a little attention has been given to the incidence of hedging devices in the Iraqi medical discourse, it is one of the research aims to study the use of hedging devices used in Iraqi medical discourse representing in doctors' conversations with their patients. In addition, it examines whether or not female doctors differ from male ones in the use of these hedging devices in their conversations.



The study also approaches hedging as a strategy by which doctors in their conversations with patients can indicate degrees of less than full commitment toward the accuracy of incidence in their conversations. In this study, Hyland's (2004) treatment of hedges is adopted because it appears to be a logical technique to hedging in the context of doctor-patient talks. Hyland is able to account for the various shapes that hedging might take as well as the multifunctional character of even a single hedging device. The pragmatics of a given hedging device in the context of conversations may have to do not only with precisions as concerns correspondence between the term and the phenomenon under scrutiny (attribute hedges) or the speaker's or writer's confidence in the accuracy of what he or she says, as Hyland's model elucidates (reliability hedges), however, hedging in doctor's discussions can be used to avoid taking responsibility (speaker-oriented hedges) or to achieve a more interpersonal purpose by allowing for the addressees' attitudes and viewpoints, as the addressee or hearer expects (addressee-oriented hedges).

As a result, the current study supports Hyland's viewpoint. Hedging has prototypical realizations, according to Hyland's (2004) model, such as epistemic modal auxiliaries, full verbs, adverbs, adjectives, and nouns, but there are also other useful devices helpful for similar purposes. Hedging is thus defined as a strategy involving items that, due to their implicit component of tentativeness, reduce the force of a statement, contain modal expressions, express deference, signal uncertainty, and so on, with the assumption that by using such a broad characterization, "we can, generally, recognize a hedge" (Hyland, 1998, p.160).

### **3. Research Methodology**

The aim of this part is to give an overview of the approach that was utilized to collect the essential data for the study. The method utilized Hyland's (2004) model, is a multimodal approach that incorporates both the quantitative and qualitative methods. Individual semi-structured interviews and group recordings were used to acquire qualitative data. In-depth results are generated when qualitative and quantitative data collection and analysis methodologies are combined.

The study investigates the use of hedging devices in Iraqi Arabic medical discourse. Within their speech community, we will examine the characteristics of doctors who use hedging devices in their conversations (setting). The use of Arabic in various situations (speech) (formal and informal) will be examined and connected to the indicated social and linguistic characteristics.

### **3.1. The Subjects**

The participants were selected randomly in an Iraqi context. They were all Iraqi citizens who spoke Arabic as their first language. All of the recordings took place in the Iraqi city of Basra governorate. All informants were doctors (males and females) at different hospitals and at both public and private clinics. Even by then, some of them were, nevertheless, unable to meet with me to do my recordings particularly female doctors giving excuses such as recording women conversations can be a time-consuming effort due to governing conventions and traditions. Due to the Arab traditions and customs, a woman cannot talk freely describing her situation to doctors by using some taboo words.

However, the fact that doctors, both males and females, are open-minded aided me a lot while setting meetings with them to do my recordings and asking some questions. They were understanding and accepting the idea that any engagement between them and I would be strictly academic, with a higher purpose in mind.

This task was accomplished, albeit labor-intensively, by focusing on patient and doctor talks to determine the strategic devices employed by doctors to reduce and avoid categorizing their views. This gave the researcher the capacity to limit the number of participants and, as a result, the amount of data collected, as well as the ability to transliterate and translate the data from Arabic to English. I have seen that data were collected from two sources so far: male doctors and male patients; female doctors and female patients; or both of them.

To break the ice prior to the meetings and the procedure for recording, I opened talks with the doctors (both males and females). In addition, I informed the doctors that I was gathering data for an academic study and would be recording them and that they could freely express and share their feelings and views.

### **3.2. The Recordings**

Six doctors and a number of patients were recorded for a total of eight hours of discourse. As a result, the total number of doctors from whom data were gathered was around a thousand and a half. Given that Basra is a large city with a generally homogeneous speech community, the total number of participants can be sufficient to cover the entire group. Group recordings take time, and then there's the work and time needed in transliterating and translating the recorded voice.

The use of a digital recorder for data collecting allowed the entire process to be transferred immediately to a computer, where it can be analyzed and stored. A digital, battery-powered voice recorder (X genx 4 GB Digital Voice Recorder GDVR-901) was utilized for this purpose. It is small and light, with a noise-cancelling built-in microphone, and it lets choose the format of the digital files one creates, with MP3 being the format of choice for this paper.

#### 4. Results and Discussion

This section examines doctor-patient talks in light of the argument stated earlier in this study. The conversations were tabulated and percentages calculated when the researcher finished recording conversations with six doctors, both males and females. Tables 1-3 show the specifics of the responses from those six doctor-patient encounters.

Female doctors employ a lot of hedging devices with female patients who keep questioning the doctors about the same subject as shown in table (1), where the interactions of a female doctor with a number of female patients recorded in the "gynecology clinic." The doctors strive to persuade the patients and use various techniques to keep them from learning the truth about their illness. The patients' intent on knowing the true status of their illnesses can be deduced from the doctors' repeated use of hedging language. In the same table, we can see that male doctors' use of hedging devices with female patients differs from female doctors' use of hedging devices with female patients. According to the suggestions offered in their talks, both males and females doctors normally strive to avoid discussing directly with patients, especially female patients, about their internal diseases, and all the doctors' septum is based primarily on the patient's description and avoids checking the patient's body. The majority of doctors' devices are indirect, which means they can't offer the exact scenario. In the table below, we can look at the hedging devices employed in the interactions between female doctors and female patients, as well as male doctors and female patients:

Doctors	Hedging Devices	Translation of Hedging Devices	Number of Frequency
Female Doctors	I think, about, assume that, generally, possible, I don't think, maybe, maybe , it seems, Insha Allah, sometimes, expect, probably, I think, it seems to me, no doubt, almost, I mean,	اعتقد تقريبا يفترض عموما محتمل لا اعتقد ربما ربما يبدو ان شاء الله احيانا يتوقع ممکن اعتقد يبدو لي لا شك تقريبا اقصد	20

	let me check, kind of	دعني اتحقق نوعا ما	
Doctors	Hedging Devices	Translation of Hedging Devices	Number of Frequency
Male Doctors	I think, It seems, let me check, may be, perhaps, certainly, possibly, I'm certain, I'm not sure, it would appear, if true, I mean	اعتقد يبدو دعني اتحقق ربما ربما بالتأكيد محتمل مؤكد لست متأكد قد يظهر لو صحيح اقصد	12

**Table (1) Female and Male's Doctors Hedging Devices (Gynecology Clinic)**

The frequency of hedging devices used by both female and male doctors in women's clinics is shown in table (1). The number of hedging devices functionalized by female doctors in conversations with their patients is nineteen, while the number of hedging devices used by male doctors is twelve. As a result, female doctors' hedging devices are employed more frequently than male doctors' hedging devices. It means that female doctors employed a large number of devices as a result of female patients' insistence on asking questions and repeating the same assertion over and over.

Doctors	Hedging Devices	Translation of Hedging Devices	Number of Frequency
Female Doctors	ok., well, let me check, I think, you'd better, I think, insha Allah, ok., nothing bad, it seems, I mean, nothing, very little, probably,	تماما، حسنا دعني اتحقق اعتقد من الافضل اعتقد تمام، ان شاء الله لاشيء سيء اقصد، يبدو لاشيء قليل جدا محتمل	31

	<p>insha Allah, maybe, I think (repeated three times), a little bit, in fact, very little, you know, probably, probably, probably, sort of, maybe, insha Allah, I think,</p>	<p>ان شاء الله ربما اعتقد  جدا قليل في الواقع، قليل جدا كما تعلم محتمل محتمل محتمل نوعا ما ربما ان شاء الله اعتقد</p>	
Doctors	Hedging Devices	Translation of Hedging Devices	Number of Frequency
Male Doctors	<p>well, let me see, don't worry, maybe, I think, I think, could be, possibly, maybe, I expect, well, sort of, it seems, let me see, you are fine, I suspect, I mean</p>	<p>حسنا دعني ارى لا تقلق ربما اعتقد اعتقد قد يكون محتمل ربما اتوقع حسنا، نوعا ما يبدو، دعني ارى  انت بخير اشك، اعتقد</p>	17

**Table (2) Female and male's doctors hedging devices (Cancer Clinic)**

To look at the frequency of both female and male doctors, we can observe that female doctors employ roughly thirty devices to absolve themselves of responsibility and lessen the impact of negative news regarding the patients' predicament. Furthermore, the use of such a large number of hedging devices demonstrates that female patients continue to inquire and demand information about their true status. The male doctor-patient dialogues utilize fewer hedging techniques in their dealings with the problem than the female doctor-patient conversations. Therefore, most male patients do not feel compelled to keep asking the doctors. As a result, the male doctor employs approximately seventeen hedging devices as it is shown in table (2) above.



Doctors	Hedging Devices	Translation of Hedging Devices	Number of Frequency
Female Doctors	let me check first, it would be, perhaps, no doubt, I expect, don't worry, you'd better, well, well, too little, I think, I think, sort of, not dangerous, uncertainly, probably, it seems, in most cases, often, I suggest, unclear, I suspect, I'm not sure, be quiet, generally, no need to worry, quite easy	دعني اتحقق اولاً قد يكون ربما لاشك اتوقع لاتقلق من الافضل حسناً، حسناً قليل جداً اعتقد اعتقد نوعاً ما ليس خطراً غير مؤكد محتمل يبدو في معظم الحالات غالباً اقترح غير واضح اشك لست متأكد اهداً عموماً، لاداعي للقلق الامر بسيط	29
Doctors	Hedging Devices	Translation of Hedging Devices	Number of Frequency
Male Doctors	well, let me check, ok, insha Allah, generally, I mean, maybe, sometimes, in the whole, I think, it should be, wouldn't be dangerous uncertain,	حسناً دعني اتحقق حسناً، ان شاء الله عموماً اقصد ربما احياناً عموماً اعتقد متوقع قد لا يكن خطيراً غير مؤكد	18

	I mean, unclear, perhaps, probably, I suppose, it could be	اقصد غير واضح، ربما محتمل، اظن قد يكون	
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**Table (3) Female and male's doctors hedging devices (surgery clinics)**

While we look at the number of hedging devices used by both female and male doctors in table (3), we can observe that the female doctors utilize more hedging devices than the male doctors when diagnosing their patients in surgery clinics. There is a considerable variation in the number of hedging devices uttered by both female and male doctors, as seen in table (3) female doctors use more hedges than the male ones, according to the data.

The results that can be deduced from the tables 1, 2 and 3 show that in the category the female doctors use more hedges than the male doctors. While in the category male doctors the opposite is the case where in they use fewer hedges than female doctors. This is consistent with studies showing that male doctors exaggerate their competence and authority while female doctors minimize theirs. Overall, these findings suggest that both the female and male doctors employ hedging devices, but the female doctors appear to use them more frequently than male doctors.

In terms of the types of hedging devices that are employed, the phrases '*I think*' and '*I mean*' are employed by both female and male doctors alike. *Insha Allah* and '*sort of*' often functionalized as hedging devices used by the Iraq doctors as well. However, the findings of this study provide some insight on how the hedging devices used by both Iraqi female and male doctors while they are diagnosing their patients differ, if female and male doctors use similar hedging devices when speaking to their patients about the medical context in which they are working. The data demonstrate that the female doctors utilize the most hedges, indicating that Iraqi female doctors downplay their authority and hedge their utterances in order to avoid sounding authoritative and disrupting the collaborative floor with the other sex. On the other hand, the male doctors in Iraq have the authority and power to manipulate the situation and hedge their utterances less than the female doctors do.

## 5. Conclusion

The use of hedges is a typical occurrence in linguistic communication, whether it is spoken or written. People increasingly prefer to utilize hedges to convey information since hedges perform in a unique and unusual way that cannot be replaced by precise terminology. The utilization of hedging devices was the focus of the research used by both Iraqi female and male doctors' conversations with different patients in two Iraqi hospitals (Al-Mawani Teaching Hospital and Al-jomhour Hospital) in Basra city. In the study, the notion of hedges was used to show that, in the medical field, the female doctors use language in their conversations with patients

in a tentative way and showing their weakness via the use of linguistic elements like hedging. For the male doctors, their uses of language reveal their authority and power. This study explored the importance of hedges used in Iraqi hospital setting, where conflicts occur between doctors and patients from time to time because of the misuse of language. In addition, this conflict has increased after the occupation of Iraq 2003 which led to mis-security. Doctors, both female and male, tried to protect themselves by hedging their conversations with patients and avoiding giving determination and certainty in their diagnosing.

In the course of the recordings doctors-patients conversations, I wanted to know if there were any similarities and differences between the female doctors' use of hedges and the male doctors' use of hedges in their conversations and also to know why and how such differences can be found in their conversations with patients. In addition, this study tried to find female doctors use hedging devices more frequently than male doctors, how and why such differences could happen. Through the analysis of the recording Iraqi doctors-patients conversations, the researcher found that there were differences in female doctors' and male doctors' use of hedging in their conversations with patients in spite of their sharing several similarities in using hedging devices while they were talking to their patients. Both of them were using hedging devices as mitigation in order that they could avoid conflict between them and their patients and avoid giving their patients affirmative response while they were describing their symptoms, which would make troubles with doctors during diagnoses. Thus, hedging devices should be used properly by both female and male doctors as a mitigation to protect them from giving certainty and help them avoid giving negative effects on diagnosis.

It has also been concluded from my analysis that hedges in the Iraqi medical discourse show that female doctors did use hedging devices more frequently than the male doctors because of lack of authority and power especially the use of these hedges as mitigation shields to protect them from problems and difficulties and as a compensation of lack of authority and power. Another point is gender is significant in accounting for the use of hedging devices and then supports my argument that the female doctors use hedges more frequently in their conversations with patients than the male doctors do. Finally, the study has brought forward theoretical and practical implication about the Iraqi medical discourse as well as throwing light upon hedging devices used by the Iraqi female and male doctors-patients' conversations in Basra hospitals.

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